

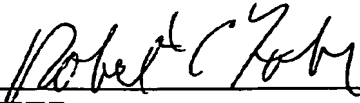
- a. ☐ A check (check number _____) in the amount of \$_____ to cover the above fees is enclosed.
- b. ☐ Please charge my Deposit Account No. 15-0700 in the amount of \$_____ to cover the above fees.
A duplicate copy of this sheet is enclosed.
- c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 15-0700. A duplicate copy of this sheet is enclosed.

NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.

SEND ALL CORRESPONDENCE TO:

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SIGNATURE

Robert C. Faber
NAME

24,322
REGISTRATION NUMBER

BEST AVAILABLE COPY

Adjustment date: 07/26/2006 BCAMPBEL
07/18/2006 KBETEMAI 00000067 10565992
01 FC:2051 -65.00 OP

07/26/2006 BCAMPBEL 00000002 10565992

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